



# Individual Complaint Form

RECEIVED

Date\*: 3-9-2021

## Complainant or Legal Representative Information:

\* Required Fields 2021 MAR 12 PM 12:54

Name \* James T. Simmons SC PUBLIC SERVICE COMMISSION

Firm (if applicable)

Mailing Address \* 162 Fisher Drive

City, State Zip \* Spartanburg, SC 29303 Phone \*

E-mail mstsimmons2002@gmail.com

Name of Utility Involved in Complaint: \* Duke Power

## Type of Complaint (check appropriate box below.) \*

- ☐ Billing Error/Adjustments ☐ Deposits and Credit Establishment ☒ Wrong Rate ☐ Refusal to Connect Service  
☐ Disconnection of Service ☐ Payment Arrangements ☐ Water Quality ☐ Line Extension Issue  
☒ Service Issue ☐ Meter Issue  
☐ Other (be specific) Power Bill went from \$97.00 to \$397.00 a month Nothing Changed in my home

Have you contacted the Office of Regulatory Staff (ORS)? \* ☒ Yes ☐ No

Name of ORS Contact: Duke Power

## Concise Statement of Facts/Complaint: \* (This section must be completed. Attach additional information to this page if necessary.)

My Power Bill was running \$97.00 a month then it went up to \$397.00 a month. Nothing Changed in my home. I run one TV my heat and nothing else. I only run TV about 7 hours a day. I am the only person living in my home. My Son's house has 3 electric heaters and 2 TV's and 2 lights running at all times and their power only runs \$297.00 a month. Why is mine this way?

## Relief Requested: \* (This section must be completed. Attach additional information to this page if necessary.)

I need my power bill to go back to regular amount. I leave alone and I don't understand why my power has went up this high with no changes in my home. I am tired of being took advantage of.

I UNDERSTAND AND AGREE THAT THE INFORMATION GIVEN ON THIS FORM IS PUBLIC INFORMATION THAT WILL BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.

James T Simmons  
Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA )  
COUNTY OF Spartanburg )

## VERIFICATION

I, James T. Simmons SR. verify that I have read my complaint filed on 03-09-2021  
Complainant's Name \* Date \*

and know the contents thereof, and that said contents are true.

James T Simmons  
Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

## Internal Use Only

Processed By	Date
H.E.	